



MATERNAL AND CHILD HEALTH INTEGRATED PROGRAM

ANNUAL REPORT

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Maternal and Child Health
Integrated Program

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Dear colleagues and friends,

As Zimbabwe transitions from a severe economic downturn to economic growth, it is important to note that rates of maternal, newborn and child mortality remain unacceptably high. Available reports indicate that eight women die daily in Zimbabwe from avoidable pregnancy-related conditions, while 100 children die daily mostly from common, preventable conditions. High impact, cost effective, evidence-based intervention packages for mortality reduction are known, yet implementation of these packages remains painstakingly slow. Reasons for this include inadequate government funding and other types of support for the relevant programs. With provision of adequate funding and technical support however, it is my belief that Zimbabwe can reverse the prevailing, unacceptably high maternal, newborn, and child mortality rates.

The Maternal and Child Health Integrated Program (MCHIP) is a global program which started operating in Zimbabwe in 2010. MCHIP works to complement what relevant partners are doing in supporting the Ministry of Health and Child Welfare (MOHCW) to deliver life-saving maternal, newborn, and child health interventions.

As MCHIP completes project year one, which was predominantly a start up year, it is my greatest pleasure to present a summary of our first annual report. As you read this report, I hope you get the sense of MCHIP's deep-seated desire to support the MOHCW in saving the lives of mothers, newborns, and children and thus contribute to achievement of Millennium Development Goals 4 and 5.

On behalf of the MCHIP team, I would like to thank you all for your unquestionable support to the project and I look forward to strengthening partnerships under a common vision of improving the health of Zimbabwe's families.

Rose Kambarami
MCHIP/Zimbabwe Country Director



Letter from the MCHIP Zimbabwe Country Director

ABOUT MCHIP/ZIMBABWE

Our Vision

MCHIP/Zimbabwe's vision is to significantly contribute to accelerated and sustainable improvement in maternal, newborn and child health (MNCH) in Zimbabwe through scaling up of evidence-based, high-impact, integrated public health interventions.

Our Goal

MCHIP/Zimbabwe's goal is to support the MOHCW and contribute to the scaling up and rolling out of evidence-based, high-impact interventions that will reduce maternal, newborn, and child morbidity and mortality and contribute to the attainment of Millennium Development Goals 1c, 4, 5 and 6 in Zimbabwe.

Our Story

MCHIP's story in Zimbabwe began in January 2010, when a team from MCHIP/Washington was invited to visit the country by USAID/Zimbabwe. The objective of that visit was to carry out an initial assessment of the MNCH situation in the country and to submit a proposal on how the Mission could work through MCHIP in supporting the Ministry of Health and Child Welfare (MOHCW) and other partners in accelerating national efforts towards improving maternal, newborn, and child health. In mid-2010, MCHIP established an office in Harare and began preparing for the implementation of a workplan covering October 2010 to September 2011.

Our Objectives

MCHIP/Zimbabwe's program objectives and main strategies in 2010/11 were to:

- Support the MOHCW to formulate national health policies, strategies and programs that increase the population's access to affordable, evidence-based, high impact maternal, newborn, and child health/family planning (MNCH/FP) interventions;
 - Improve the quality of maternal and newborn health services provided by District Hospitals (DH) and high-volume Rural Health Centers (RHC);
 - Improve the coverage and quality of high-impact MNCH/FP interventions provided by Primary Care Nurses in RHCs and by Village Health Workers in communities; and
- Increase routine immunization coverage, focusing on those districts with large numbers of unimmunized children, and successfully obtain and introduce pneumococcal vaccine by 2013.

Key Technical Areas

MCHIP's key technical areas include:

- *Maternal health/post-partum family planning/prevention of mother to child transmission of HIV:* in order to reduce morbidity and mortality associated with pregnancy, labor and delivery, and the post-partum period, as well as to reduce the transmission of HIV from mothers to their children, through implementation of a quality improvement approach in hospitals and health centers;
- *Newborn health:* to reduce illness and death associated with newborn asphyxia, prematurity and low birth weight, and infection, through support for implementation of evidence-based interventions like Helping Babies Breathe and Kangaroo Mother Care;
- *Child health:* to reduce morbidity and mortality associated with the most common causes of childhood illness such as pneumonia and diarrhea, through support for implementation of the Integrated Management of Newborn and Childhood Illnesses approach among other activities;
- *Immunization:* to reduce illness and death in children associated with vaccine-preventable diseases such as measles and polio, through support for activities to improve routine immunization coverage in Manicaland as well as national introduction of new vaccines;
- *Malaria:* to reduce illness and death in pregnant women and children caused by malaria, through support to the MOHCW's national malaria program;

- *Nutrition*: to help reduce stunting and underweight in children, through support for the MOHCW's infant and young child feeding initiatives;
- *Monitoring and evaluation/health management information systems*: to facilitate the availability of high quality, complete, and timely health data for use in planning, monitoring, and evaluation of health services;
- *Quality of care improvement*: to help increase stakeholder awareness of quality of care issues and to support MOHCW development of national quality of care policies and standards.

Our Strategic Approach

MCHIP/Zimbabwe works hand in hand with the MOHCW and other partners, supporting activities at the national level as well as at selected provincial and district levels. MCHIP/Zimbabwe's strategic approach is guided by the following principles:

- Scaling up proven, evidenced-based interventions;
- Maximizing resources through strategic integrated programming;
- Building on existing efforts of programs and partners;
- Focusing on program learning.

The MCHIP/Zimbabwe Team

Key to successfully implementing MCHIP's strategic approach is the MCHIP/Zimbabwe team. MCHIP/Zimbabwe operates out of three offices, one in Harare and one each in Mutare and Chimanimani districts. The Harare-based team provides support to the MOHCW and other key partners at national level, while the Mutare and Chimanimani-based teams provide critical on-the-ground support to Provincial and District Health Executive Offices for coordination, implementation, and monitoring of provincial and district-level activities. Members of the MCHIP team are pictured below (from left to right: the MCHIP Harare-based team, the Mutare-based team, and the Chimanimani-based team. Note: not shown in the Harare team photo are Ms. Adelaide Shearley and Ms. Elizabeth Dangaiso).



Partnerships

In conducting its activities, MCHIP/Zimbabwe works with key implementing partners and technical working groups including:

- MOHCW – national, provincial, and district health offices;
- Other USAID-supported projects and partners – EGPAF, OPHID, PSI, PSZ, USAID|DELIVER, and others;
- NGOs and CBOs – Save the Children, IRC, and others;
- Other technical partners – UNICEF, UNFPA, WHO, LATH;
- Technical Working Groups – Maternal and Newborn Health, Child Survival, Immunization Interagency Coordinating Committee, Prevention of Mother to Child Transmission of HIV, and others.

This Annual Report

This annual report details the progress and accomplishments of the MCHIP/Zimbabwe team during the period October 2010 to September 2011. Achievements were made at the national level as well as at provincial and district levels in Manicaland province.

MCHIP Geographical Coverage in 2010/11 and Impact at Scale

MCHIP/Zimbabwe operates at national, provincial, district and community levels. In 2010/11 (as is planned for 2011/12), national-level activities included support for development, adaptation, and review of national policies, strategies, guidelines and protocols, as well as MNCH training including training of national trainers. MCHIP also engaged in national-level advocacy activities and provided key technical assistance and coordination support for a wide variety of MOHCW-led technical working groups. At provincial level, in 2010/11 MCHIP conducted advocacy, planning, coordination, and training activities in Manicaland, and also conducted province-wide Reaching Every District (RED) immunization activities across all 283 health facilities in the province, as well as supported province-wide activities such as African Vaccination Month.

At district (“learning site”) level, MCHIP works in Chimanimani and Mutare to support the MOHCW in the scale up of integrated, high impact packages of MNCH interventions aimed at reducing maternal, newborn and child morbidity and mortality. In 2010/11, MCHIP did this through district-wide health provider training, support for follow up and supervision, and support for equipment and supplies to select health facilities. In 2010/11, MCHIP also initiated the Standards-Based Management and Recognition (SBM-R) quality of care improvement approach in 20 high-volume health facilities (HFs) which provide over 80% of the deliveries occurring in these districts, and see over 90% of the maternal and newborn deaths occurring in facilities in these two districts.

In 2011/12, MCHIP will continue to support MNCH work throughout the 79 health facilities (100%) in Mutare and Chimanmani districts on activities such as training and supervision support, and within the 20 high-volume health facilities in terms of continued SBM-R support. MCHIP will also support activities within communities across Mutare and Chimanmani, specifically focused on strengthening the services being provided by village health workers in areas including maternal health, pneumonia, diarrheal disease, malaria, and malnutrition prevention, treatment, and referral.

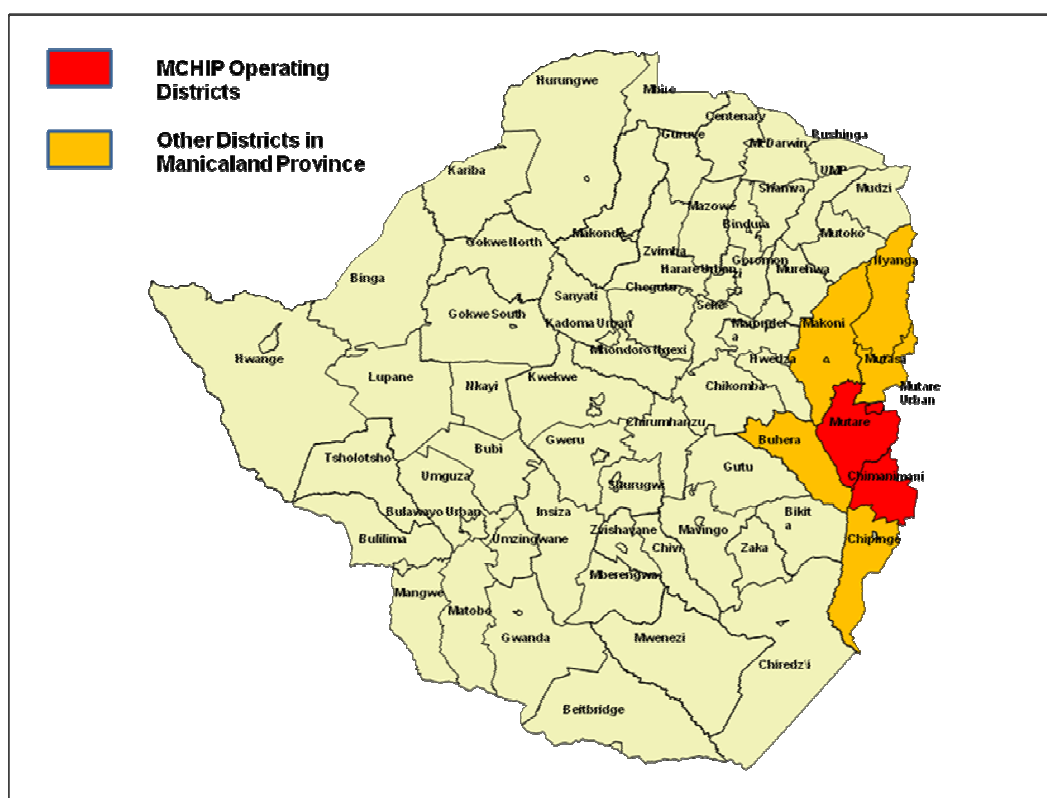
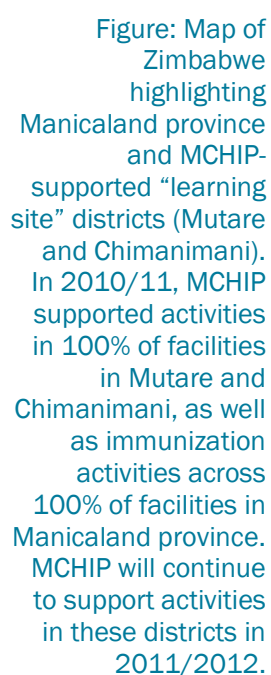
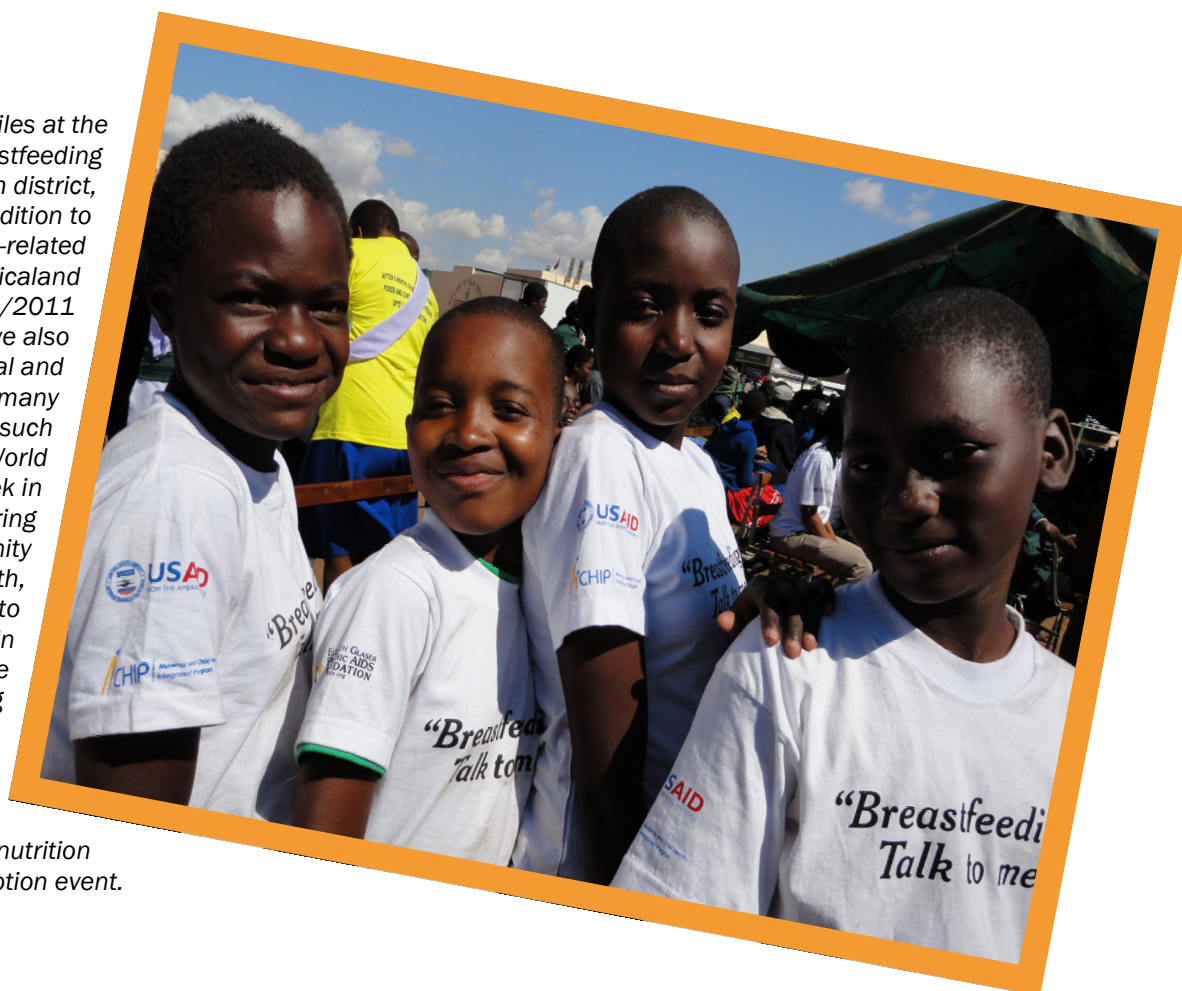


Photo right: Big smiles at the launch of World Breastfeeding Week in Gokwe South district, August 2011. In addition to supporting MNCH-related activities in Manicaland province, in 2010/2011 MCHIP/Zimbabwe also provided technical and financial support to many national-level activities such as the launch of World Breastfeeding Week in Gokwe South district. During the event, community members, including youth, were encouraged to engage others in discussions about the benefits of breastfeeding for infants and young children. MCHIP proudly provided material and technical resources in support of this important nutrition promotion event.



Impact at scale: Despite providing technical and financial support to the MOHCW within Manicaland province, MCHIP/Zimbabwe recognizes that the investments needed to reverse the high maternal, newborn, and child deaths at national level exceed MCHIP's capacity. MCHIP's approach to providing support for health improvements at scale is to therefore test scale-up plans in MCHIP learning sites and to leverage resources by sharing experiences, advocating for adoption of implementation models, and supporting other partners to replicate what works in their geographic and technical areas of operation and at the national level.

In terms of *program learning*, MCHIP/Zimbabwe supports activities in two districts for purposes of learning. A key MCHIP strategy for taking effective interventions to scale is to generate data from the learning sites and use it to inform national-level plans. MCHIP's learning approach hinges on:

- supporting implementation of "quick wins";
- introducing new strategies and interventions to the service delivery package;
- testing technological and process innovations;
- testing scale up approaches;
- contributing to knowledge development and management on some key operational questions or gaps;
- documenting learning;
- and supporting platforms for sharing lessons and experiences.

For 2011/12, MCHIP/Zimbabwe has developed a set of potential program learning activities that will be explored. Some program learning activities could provide valuable information of interest within Zimbabwe, while other activities/research questions could result in information of interest at a global scale.

KEY ACHIEVEMENTS FOR MCHIP

YEAR 1: NATIONAL LEVEL SUPPORT TO THE MOHCW



MCHIP/Zimbabwe achieved significant results in Year 1 (October 2010 to September 2011). At the national level, MCHIP secured a seat on key MNCH-related technical working groups and, in partnership with other stakeholders, made significant contributions in setting the priorities for national programs and development of national implementation plans.

Working through the maternal and newborn health working group, MCHIP/Zimbabwe, under the leadership of the MOHCW, helped to design and carry out a National Integrated Health Facility Assessment (NIHFA), aimed at providing the MOHCW with much-needed information about health resources in the country. MCHIP also advocated for the inclusion of an MNCH Quality of Care (QOC) module within the NIHFA and led the process of developing the QOC study protocol and tools, while remaining engaged with the broader logistic planning for the whole survey. The addition of a QOC component to the NIHFA marks a significant technical achievement, as very little data has been collected recently in Zimbabwe on the quality of MNCH care being delivered in the public health system. Information of this kind will provide stakeholders with critically needed evidence for development of a national quality assurance strategy as well as for future planning and decision making.

Data collection for the NIHFA/EQOC began in December 2011, led by the MOHCW with significant material, financial, and technical support from MCHIP and other health partners.



Photo above: Community members gather at an immunization outreach point during African Vaccination Week (AVW). MCHIP provided support to all seven districts of Manicaland province, which enabled provincial and district-level MOHCW staff to reach their communities with life-saving vaccines and health promotion messages. MCHIP contributions toward MOHCW immunization activities ranged throughout the year from support to AVW to support for the roll out of the Reaching Every District (RED) approach in Manicaland, to assisting in the development of the MOHCW's successful new vaccine applications.

National Level Support for Zimbabwe's Immunization Program

Immunization remains a key child disease prevention strategy. The Zimbabwe Expanded Program on Immunization is supported by WHO, UNICEF, MCHIP, and a network of other partners but, as with other areas, continuing economic challenges have had a negative impact on the MOHCW's ability to support consistent immunization services. For example, delivery of vaccines and supplies, maintenance of the cold chain, and support for supervision and immunization outreach activities have been a challenge. As a result, Zimbabwe's routine immunization coverage dropped by more than 10% between 1998 and 2009. The population susceptible to vaccine preventable diseases has grown and the country experienced a measles epidemic in 2009.

Working at national level through the Immunization Interagency Coordinating Committee, in its first year MCHIP provided significant technical support to the MOHCW to develop and submit proposals to GAVI for the introduction of pneumococcal and rotavirus vaccines. The pneumococcal vaccine (PCV) introduction application was approved by GAVI and PCV will be introduced in 2012, while the rotavirus vaccine proposal was approved subject to clarifications. Going forward, MCHIP technical support will be required to support the successful introduction of these new vaccines and the necessary review of policies, strategies, communication materials, and tools that will accompany new vaccine introduction. Roll out of these vaccines will help prevent significant amounts of childhood illness due to pneumonia and diarrhea, both important killers of children under the age of five.

IMPROVING THE QUALITY OF MNCH SERVICES AT HEALTH FACILITIES

There are very few and fragmented MNCH quality of care (QOC) initiatives in Zimbabwe. In FY11, MCHIP/Zimbabwe successfully introduced a performance and quality improvement strategy based on the Standards-Based Management and Recognition (SBM-R) approach. The SBM-R approach provides a framework for quality improvement and management for maternal, newborn, family planning and child health. SBM-R is focused on a locally-driven process featuring four main, interconnected steps:

- Setting performance standards (the standards tell providers what to do and how to do it) and assessing current performance against these standards;
- Implementing standards through a systematic methodology;
- Monitoring performance/measuring progress to guide improvement toward attainment of the standards; and
- Recognizing and rewarding achievement of the standards.



At district level, MCHIP focused on supporting the strengthening of performance and quality of MNCH service provision at health facilities in Mutare and Chimanimani districts in Manicaland Province. MCHIP successfully introduced the SBM-R approach at one-third (n=17) of the health facilities in each of these districts.

These 17 health facilities provide over 80% of the deliveries occurring in these districts, and over 90% of the maternal and newborn deaths occurring in facilities in these two districts occur in these 17 facilities.

As a first step in initiating the SBM-R process, in late 2010, MCHIP supported the MOHCW Reproductive Health Unit in leading the process of adapting performance standards, through a multi-stakeholder workshop. This workshop (“Module 1”) prepared health workers to introduce SBM-R in their facilities. During Module 1, a set of maternal and newborn health (MNH) focused performance standards was set (child health standards would be introduced slightly later) covering:

- Focused antenatal care assessment and management of a pregnant woman;
- Managing a normal delivery including active management of the third stage of labor;
- Postnatal assessment and management of the recently delivered woman and baby;



Photo left: Quick thinking, good preparation, and solid health worker skills helped save the life of this woman from Chimanimani district, shown here a few days post-delivery with her healthy baby girl. On a routine supportive supervision visit to Nyanyadzi Rural Health Center (RHC), MCHIP staff and the Chimanimani District Nursing Officer (DNO) discovered this patient who had come to deliver at the RHC. Unbeknownst to the RHC staff, this patient was suffering from postpartum haemorrhage, a major cause of maternal death. Together, the DNO and MCHIP staff not only treated the patient, but also seized the opportunity to turn the experience into a “teachable moment”, demonstrating emergency management of postpartum hemorrhage to the entire RHC staff.

Three days after the patient’s delivery, MCHIP staff visited the patient at her home to check on her condition. The patient was recovering well and regaining strength, and her baby was also feeding well. The patient said she was happy to be visited and praised God that the supervision team had come at the right time to save her life. She acknowledged that the team’s help likely spared her from a worse outcome – such as a costly transfer to a referral hospital 60 km away, prohibitively high costs for a blood transfusion, or even loss of life for her or her baby.

- Diagnosis and management of main obstetric and main neonatal complications;
- Readiness of HFs and district management to deliver services to defined standards (e.g., infrastructure, equipment and supplies, stock status for essential medicines, and human resources.

During this time, MCHIP also worked with facilities to conduct an MNH-focused baseline assessment using the SBM-R standards. Results indicated that facility performance in MNH at the time of the baseline was poor, with the assessed facilities (n=16) meeting only 29% of the 106 MNH performance standards on average (see Figure 1). Baseline results showed major gaps in the areas of human resource capacity; supplies and equipment; facility infrastructure; coordination and management; and linkages between health facilities and community structures, among other issues. Results of the baseline assessment were communicated to participants, who then developed action plans to address identified gaps. Likewise, MCHIP, MOHCW, and other partners have since used SBM-R assessment results to prioritize critical interventions to implement. MCHIP has used assessment results to develop procurement, training, refurbishment, and supportive supervision plans in Mutare and Chimanimani. MCHIP considers supportive supervision activities to be especially critical, as they provide important opportunities for on the job training, peer review, mentoring, monitoring and provision of feedback, and development and follow up of facility-level action plans.

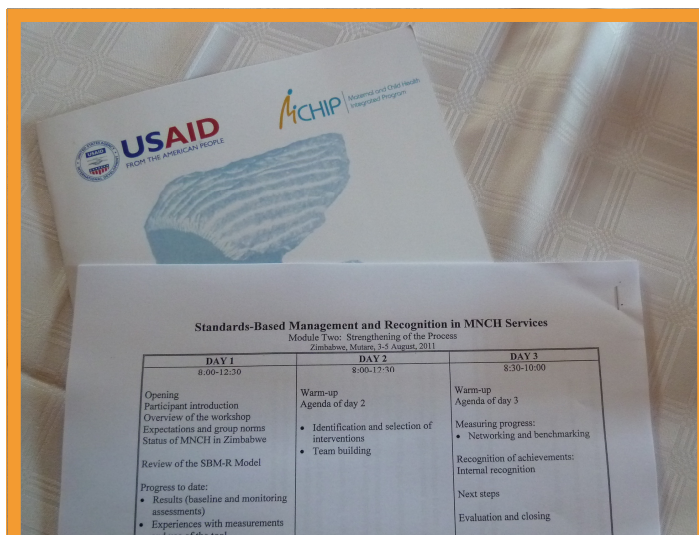
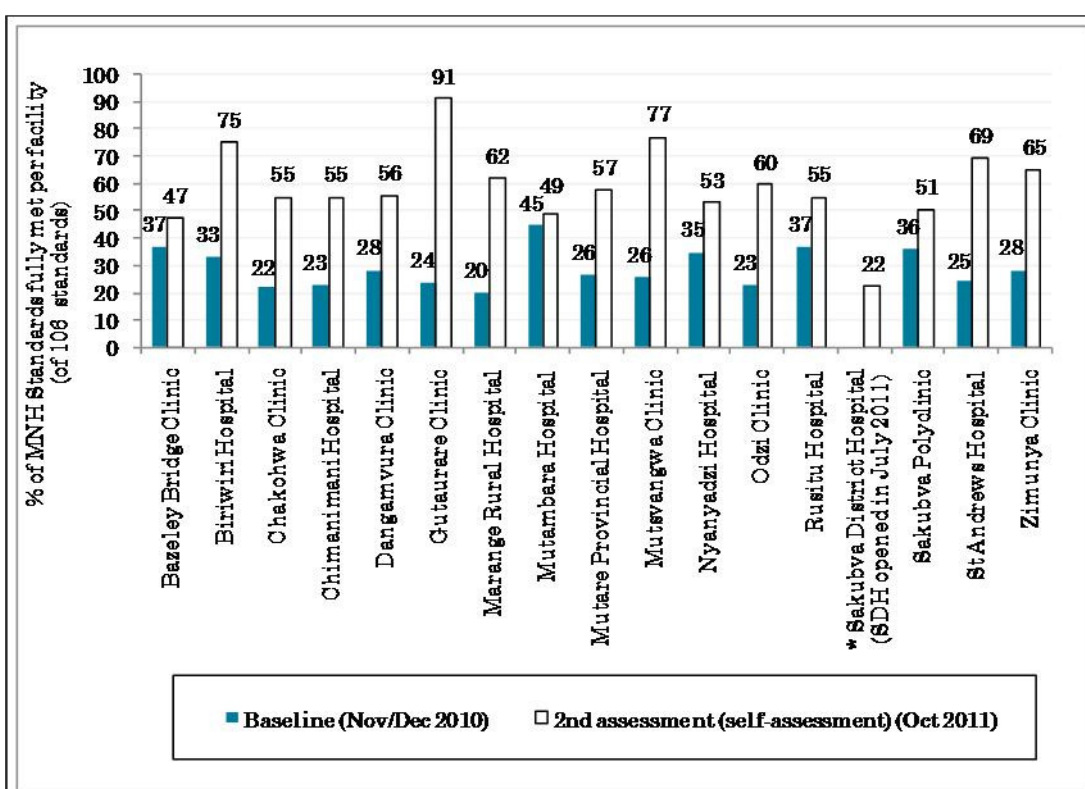


Photo above: In 2010/11, MCHIP introduced a performance and quality improvement strategy based on the Standards-Based Management and Recognition (SBM-R) approach in one-third (n=17) of the health facilities in Mutare and Chimanimani. By comparing current practices to set quality standards of care, health workers can easily identify performance gaps and then seek ways to improve performance.

About a year after the baseline assessments, MCHIP facilitated a second round of facility assessments to determine how sites are doing now in meeting their performance standards. In this second round,

Figure 1: Facility performance against MNH standards at SBM-R baseline and at second assessment (% of MNH standards fully met, by facility)



facilities conducted self-assessments (with MCHIP support) using the same MNH standards as in the baseline. Impressively, a majority of facilities have experienced great improvements in meeting MNH performance standards, with an improvement from 29% of standards met in the baseline to an average of 61% of standards met across all facilities at the second assessment (see Figure 1). These results are very encouraging and illustrate how this quality improvement approach is working in these districts.

IMPROVING HEALTH WORKER SKILLS THROUGH TRAINING

In an effort to improve the skills and knowledge of health care workers (HCWs) in improving the quality of maternal, newborn and child health care, in 2010/11 MCHIP supported national, provincial, and district-level health care worker trainings on: Helping Babies Breathe (HBB); Emergency Obstetric and Newborn Care (EmONC)/Life Saving Skills; Reaching Every District for immunization (RED); Integrated Management of Newborn and Childhood Illness (IMNCI); and midwifery skills (see table below).

These trainings were needed given the results of MCHIP's baseline assessments in maternal, newborn, and child health which showed low levels of knowledge and skills among health care workers in MCHIP's learning sites. In 2010/11 and continuing into 2011/12, MCHIP will follow these trainings up with procurement support (for minor supplies and equipments needed at health facilities) to enable use of newly acquired skills and maintain motivation, as well as supportive supervision; on the job training; and shorter, more targeted, less disruptive modular-style trainings to improve health worker knowledge and skills.

In addition to training a significant proportion of providers within MCHIP's



Photo top: Participants in an obstetric Life Saving Skills (LSS) training watch a demonstration on vacuum-assisted delivery. MCHIP staff participated in this training and improved not only their own clinical knowledge and skills, but also gained experience with the LSS training curricula which the MOHCW is adapting with MCHIP support and preparing for national roll out.

In 2010/11, MCHIP supported trainings for the following numbers of health care workers in:

Helping Babies Breathe, Emergency Obstetric and Newborn Care, and Life Saving Skills	307 HCWs
Midwifery skills	12 HCWs
Use of the partograph in labor	15 HCWs
Integrated Management of Newborn and Childhood Illnesses	31 HCWs
Reaching Every District (immunization)	230 HCWs

learning districts, MCHIP's training activities are also having national and provincial-level impact, as MCHIP has supported the training of providers, clinical tutors, and trainers of trainers from all over the country (e.g., 90+ trainers trained in HBB nationally). These trained individuals will in turn cascade training throughout the nation.



Photo left: Health care workers from Manicaland participate in an MCHIP-supported workshop on performance quality improvement. Through this and other quality improvement activities, participants learn how to assess their own performance relative to set quality standards; identify gaps where performance could be improved; develop specific action plans for quality improvement measures at their health facilities; and mobilize resources to enable improvement activities.



Photo right: Trainees practicing skills in newborn resuscitation. MCHIP provided four master trainers to facilitate this Helping Babies Breathe (HBB) training, which was led by the MOHCW and supported in partnership with UNICEF and the Latter

Day Saints Charities. The training produced over 90 new HBB trainers from all over Zimbabwe who will now return to their provinces to roll out HBB trainings among other health care workers.



Photo left: MCHIP Newborn Health Technical Officer Elizabeth Dangaiso receives a certificate of qualification from Ms. Anita Gibson, the MCHIP Deputy Director (global), for completing a Helping Babies Breathe master trainers course in Addis Ababa, Ethiopia in February 2011. Mrs. Dangaiso now serves as a resource person and master trainer on HBB in Zimbabwe, and helps to facilitate HBB trainings like the one described above.

Regarding immunization training specifically, at the district level, MCHIP support to the national immunization program saw the successful revitalization of the Reaching Every District (RED) strategy and roll out in all seven districts of Manicaland. In FY11, trainings of health care workers on the RED approach were completed in five of the seven Manicaland districts. The remaining challenge, and an interesting opportunity, will be for MCHIP to support post-training follow ups (PTFU) in the seven districts, including the successful introduction of new vaccines. Lessons learned will be valuable for innovative approaches to scaling up routine immunization at the national level.

Clinical Training Centers

It is well recognized that training health workers in a hotel environment is costly and does not confer the critical clinical skills that are necessary to deal with MNCH emergencies. In this light, MCHIP supported the refurbishment of two clinical training centers at Sakubva and Mutambara district hospitals that will see large numbers of health care workers undergoing modular short courses in MNCH in 2011/12. Conducting training at these centers will reduce training costs and enable trainees to acquire skills in actual clinical settings. In addition, the new training centers are valuable resources for district health staff, who can use the venues for a variety of events.



Before

Photos: The new training center at Sakubva hospital in Mutare. Prior to refurbishment and equipping, the room was being used for storage. After refurbishment, the training room provides a valuable venue for holding trainings, meetings, and other activities in the district.



After

Kangaroo Mother Care Units

Finally, in 2010/11 MCHIP provided technical and material support for the revitalization and refurbishment of two MNCH clinical training centers and four kangaroo mother care (KMC) units in district hospitals.

Kangaroo Mother Care is a well-recognized method of improving newborn survival, particularly among those babies born with low birth weight. Though KMC was almost universally practiced in Zimbabwe's district and provincial hospitals in the 1990s, very few facilities currently continue to provide this method of care. Given the proven advantages of this method of care, MCHIP (through the MOHCW) financially and materially supported the revitalization of KMC in select health facilities in Mutare and Chimanimani. In 2010/11, four KMC units were established in Sakubva, Chimanimani, Rusitu and Mutambara hospitals.



Photos above and left: new moms practicing kangaroo mother care. By providing skin-to-skin contact with their newborns, the mothers keep their babies warm which promotes growth and bonding. Photo below: As part of its revitalization efforts, MCHIP supplied four KMC units with much needed blankets, dressing gowns, baby nappies, and baby hats for keeping moms and babies warm.



Who We Are

Globally, MCHIP is the U.S. Agency for International Development Bureau for Global Health's flagship MNCH program. Awarded in September 2008, MCHIP focuses on reducing maternal, neonatal and child mortality in 30+ countries, contributing to MDGs 4 and 5. MCHIP's overall strategic approach is guided by the same principles that guide MCHIP/Zimbabwe's approach (which is itself in line with the Zimbabwe MOHCW's national health strategy), with an additional focus on taking a global leadership role in MNCH.

Contact Us

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For more information about the global MCHIP Program, please see the MCHIP Web site:
www.mchip.net